



Clover Park Veterinary Hospital
6129 100th St. SW
Lakewood, WA 98499
253.588.6649
Email: villm@cloverparkvet.com

New Patient Form

Name _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Cell Phone# _____

Email Address: _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Work Telephone # and extension _____

Alternative contact telephone # in case of emergency (relative, friend)

Name _____ Number _____

Active Military Duty, please list:

Branch _____ Rank _____ Phone _____

Military Duty Phone _____

Pet's Name _____ Dog _____ Cat _____ Other _____

Male _____ Female _____ Spayed _____ Neutered _____ Age _____

Breed _____ Color/Markings _____

Microchip # _____



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Email: villm@cloverparkvet.com

Date of Last Vaccinations: Dog: DHLPP-CVK _____

Rabies _____

Kennel Cough _____

Cat: FVRCP-C _____

Rabies _____

FeLV _____

Anything you can tell us about your pet that might make the exam less stressful for you and your pet:

Favorite place pet likes to be scratched _____

Diet _____ Tablefoods _____

How did you hear about us? _____

Payment is due at time of service. Please check the most common form of payment you will use.

Cash _____ Check _____ Credit card _____

If paying by check please include your Driver's License # _____

Signature _____ Date _____